Kentucky Department for Public Health
Preventive Health and Health Services Block Grant
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2010
Submitted by: Kentucky
DUNS: 927049767
Printed: 6/21/2010 12:27 PM

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CDC Work Plan ID: KY 2010 V0 R1
Created on: 6/21/2010
Submitted on: 8/9/2010

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2010. It is submitted by the Kentucky Department for Public Health (DPH) as the designated state agency for the allocation and administration of PHHSBG funds.
Funding Assumptions: The total award for the FY 2010 Preventive Health and Health Services Block Grant is expected to be $1,362,055. This amount is based on a funding update allocation table distributed by CDC in June 2009.

Proposed Allocation and Funding Priorities for FY 2009

Sexual Assault-Rape Crisis (HO 15-35): $98,975 of this total is a mandatory allocation to the Kentucky Department for Community Based Services (DCBS), which provides this funding to thirteen Kentucky Rape Crisis Centers and their statewide coalition to provide medical and legal advocacy services to victims of rape and other sex offenses.
Health Care Access (HO 1-6): $75,000 of this total will be utilized by the Healthcare Access Branch of DPH in coordination with the Kentucky Physicians Care Program, a network of volunteer physicians, dentists, and pharmacies who provide free or discount services to the uninsured.
Chronic Disease Initiative (HO 1-4): $158,767 will be utilized to fund a Chronic Disease Initiative program including a program manager which will emphasize the use of evidence based decision tools for providers, chronic disease self management classes, and competency of providers caring for those with chronic disease..
Respiratory Disease Program (COPD HO 24-10): $80,000 will be used to fund the Respiratory Disease Program for a .5 FTE Epidemiologist. Partnerships, data and tools are being developed in order to decrease health and cost burden for COPD.
Comprehensive Cancer Prevention (HO 3-1): $178,600 will be used to provide fund a statewide awareness campaign, pilot projects in local communities with matching dollars for screening, and develop a navigation program in order to improve outreach and screening for colon cancer. Kentucky ranks third in the US for colon cancer death rates. Many of these deaths are preventable with early detection and screening.
Physical Activity Program (Adult HO 22-1 and Child HO 22-6): $581,563 provides funding to local health departments for evidence based community physical activity programs and policy initiatives focusing on the built environment in order to impact individuals throughout the life continuum and improve life wellness. This program places 85% of the funds out into the local communities through the local health departments.
Osteoporosis Program (HO 2-9): $105,150 will be used to provide funding to local/district health departments in Kentucky to provide awareness and education on Osteoporosis. A Matter of Balance and Falls Prevention Coalitions are projects for this program. Osteoporosis is a highly preventable disease with a high return on investment for prevention efforts.
Administrative costs associated with the Preventive Health Block Grant total $84,063 which is 6.2% of the grant. These costs include funding 1 FTE to coordinate the preparation, annual reporting, evaluation and program meetings as well as communication with and holding required block grant meetings of the State Preventive Health Advisory Committee, and public hearings. There is also a 1.3% cost built into each program for Office of Information Technology/DataMart support.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives* in *Healthy People 2010*.

Funding Rationale: Under or Unfunded, Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, College and/or university, Community-based organization, Community health center, Community resident, County and/or local health department, Foundation, Minority-related organization, Research organization, Schools of public-health, State health department

Dates:

Public Hearing Date(s):	Advisory Committee Date(s):
10/12/2009	10/12/2009
	8/3/2010

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for KY 2010 V0 R1	
Total Award (1+6)	$1,347,330
A. Current Year Annual Basic	
1. Annual Basic Amount	$1,248,355
2. Annual Basic Admin Cost	($84,000)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$1,164,355
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$98,975
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$98,975
(9.) Total Current Year Available Amount (5+8)	$1,263,330
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$1,263,330

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$1,164,355
Sex Offense Set Aside	$98,975
Available Current Year PHHSBG Dollars	$1,263,330
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$1,263,330

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Chronic Disease Initiative	1-3 Counseling about health behaviors	$158,767	$0	$158,767
Sub-Total		**$158,767**	**$0**	**$158,767**
Comprehensive Cancer Prevention and Control Program	3-5 Colorectal cancer deaths	$178,600	$0	$178,600
Sub-Total		**$178,600**	**$0**	**$178,600**
Kentucky Physician Care Program	1-6 Difficulty or delays in obtaining needed health care	$75,000	$0	$75,000
Sub-Total		**$75,000**	**$0**	**$75,000**
Osteoporosis Prevention and Education Program	2-9 Osteoporosis	$105,150	$0	$105,150
Sub-Total		**$105,150**	**$0**	**$105,150**
Physical Activity Program	22-1 Physical Activity in Adults	$395,773	$0	$395,773
	22-6 Physical Activity in Children and Adolescents	$171,065	$0	$171,065
Sub-Total		**$566,838**	**$0**	**$566,838**
Rape Crisis Centers-Sexual Assault and Domestic Violence Program	15-35 Rape or attempted rape	$98,975	$0	$98,975
Sub-Total		**$98,975**	**$0**	**$98,975**
Respiratory Disease Program	24-10 Chronic obstructive pulmonary disease (COPD)	$80,000	$0	$80,000
Sub-Total		**$80,000**	**$0**	**$80,000**
Grand Total		**$1,263,330**	**$0**	**$1,263,330**

State Program Title: Chronic Disease Initiative

State Program Strategy:

GOAL: The Chronic Disease Initiative will focus on increasing collaboration and integration of chronic disease programs both within the Department for Public Health and with external partners. Special focus will be to enhance the capacity of health professionals and other partners to utilize best practice guidelines for chronic disease care and disease management and moving patients with chronic disease into and through the continuum of care in order to decrease disability and death.

PRIORITIES: Healthy Kentuckians 2010 goals set priority areas in Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. Many disparities remain and the intent is to eliminate as many of these disparities as possible. Attention to prevention and quality will demonstrate improved health care delivery and outcomes through an emphasis on:
*Evidence-based decision support tools for providers
*Support of patient self-management as a core element
*Multidisciplinary health care teams and collaborative efforts

Primary Strategic Partners:
Internal: State Programs for Tobacco Prevention and Cessation, Obesity and Nutrition, Physical Activity, Heart Disease and Stroke, Osteoporosis and Arthritis, Respiratory Disease, Oral Health, and Diabetes Prevention and Control, Health Care Access Branch, Department for Medicaid Services, Department for Aging and Independent Living and Maternal and Child Health State Programs.
External: Kentucky Medical Association, Humana and Passport (Medicaid Managed Care) Health Plans, Health Care Excel (state QIO), University of Louisville and Kentucky, State Office of Minority Empowerment, local and district health departments, Federally Qualified Health Centers, faith based communities and Free Clinic Association.

Role of the PHHSBG: Provided start up funds in FY 2008 for a Chronic Disease Initiative beginning with a consistent message addressing chronic disease called “Everything Counts”. A program manager was selected in July 2008 and has begun development, and coordination of the program. The specific activities will be to develop partnerships with internal and external groups and individuals listed above, to distribute evidence based materials and support information and plan an annual collaborative meeting as well as promoting NACDD Chronic Disease Competencies to local/district health department staff. The Chronic Disease Program is located within the Division of Prevention and Quality Improvement/Chronic Disease Prevention Branch. Internal chronic disease programs are funded through state allocations.

Evaluation Methodology: The effectiveness of the program will be evaluated internally through reporting and surveys related to the Unnatural Causes DVD, CDSMP program, completion of competencies as well as following KY BRFSS data related to risk factors, chronic diseases, and disability. Additional data from Medicaid and report sharing through the Kentucky Alliance for Health Care Quality Improvement (KAHQI) will be analyzed. Hospital utilization data for chronic disease will continue to be monitored using the Kentucky Hospital Discharge Utilization report available through the Office of Health Policy.

State Program Setting:
Business, corporation or industry, Community based organization, Local health department, Senior residence or center, State health department, Work site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Chronic Disease Initiative Nurse Consultant
State-Level: 40% Local: 20% Other: 15% Total: 75%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.75

National Health Objective: HO 1-3 Counseling about health behaviors

State Health Objective(s):

Between 10/2007 and 09/2010, Between October 2007 and September 2010, increase the proportion of people who receive information and appropriate counseling regarding preventive care and healthy behaviors.

Baseline:
Baseline KY BRFSS

Data Source:
Kentucky Behavioral Risk Factor Surveillance Survey done annually. May also use National Health Interview data for comparison.

State Health Problem:

Health Burden:
Kentucky leads the nation in citizens with disability. Chronic diseases are the cause of many of these disabilities. In Kentucky cardiovascular disease, cancer, diabetes, and chronic obstructive pulmonary disease are more prevalent compared to the rest of the nation. Almost one quarter (23%) of Kentucky adults rate their general health status as fair or poor. Approximately one in 7 persons has diabetes, with 9.9% of the population already diagnosed. Hypertension prevalence in Kentucky according to BRFSS 2007 is 30%. Kentucky Cancer Registry Data and SEER Data note that Kentucky has a higher mortality rate than the national average from cancer. According to the BRFSS survey 2007, approximately 15.9% are uninsured across the state. Kentucky is divided into 15 Area Development Districts and these rates are Area Development District dependent, but almost all are above the national average.

The high rates of obesity, lack of physical activity and tobacco use contribute to the chronic disease burden in Kentucky. However, there is also a high statistical correlation with the burden of chronic disease and poverty, lack of education and lack of usual source for health care. According to World Health Organization "poor people and those with less education are more likely to maintain risk behavior". Access to health care and a medical home are extremely important strategies in the battle against disability and early death from chronic disease. It is possible to delay deaths and disability from chronic disease by several decades through successful interventions in middle and older age, thereby avoiding both productivity loss and health burden.

Pre-existing conditions and co-morbidities affect patient response to treatment and may impact cancer treatment decisions. Among middle-aged men, the prevalence of chronic obstructive pulmonary disease in cancer patients is more than twice the prevalence in cancer-free men. Prevalence rates of hypertension and arthritis are significantly higher among middle-aged women within one year of diagnosis of cancer compared with those who are cancer free. (NHIS-2003)

Cost Burden: The burden of treating chronic disease is borne by all citizens in the Commonwealth of Kentucky. Approximately 270 million Medicare dollars and 340 million Medicaid dollars were spent on chronic diseases attributable to obesity, according to the 2003 Kentucky Obesity Epidemic Report. Obesity is a risk factor for diabetes, cardiovascular disease, cancer and arthritis. According to the KY Tobacco Control Program there is a cost burden of approximately $1.5 billion each year in smoke-

attributed medical expenses, including $487 million on Medicaid medical costs. Lost productivity loses are estimated at over $238 million each year.

Target Population:
Number: 3,046,951
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,208,500
Ethnicity: Non-Hispanic
Race: African American or Black, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: US Census Bureau Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Care Without Coverage - Institute of Medicine

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $158,767
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $72,000
Funds to Local Entities: $25,000
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Development of consistent and integrated chronic disease prevention and control messaging
Between 10/2009 and 09/2010, The Chronic Disease Initiative Coordinator will establish **3** training methods on a consistent message of chronic disease prevention and control for health professionals, community leaders and lay health workers in Kentucky.

Annual Activities:

1. Everything Counts

Between 10/2009 and 09/2010, Complete development of the Everything Counts healthy living patient education tool, distribute to all 56 local and district health departments and provide training for appropriate use.

2. Stanford Chronic Disease Self Management Training

Between 12/2009 and 09/2010, Provide one lay health leader training for 20 persons through contract with current CDSMP T-Trainer at the University of Louisville.

3. Unnatural Causes Focus Groups

Between 10/2009 and 01/2010, Utilize 60 copies of "Unnatural Causes" DVD purchased in 2009 for distribution through MOA process to local and district health departments in Kentucky, universities, hospitals and other organizations and provide training and toolkit on use to increase knowledge of health equity of health professionals in the state.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Chronic Disease Integration Collaborative

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch will conduct **6** integration meetings between the Health Promotion Branch, the Chronic Disease Prevention Branch and additional partners as developed through collaborative processes.

Annual Activities:

1. Integration Training

Between 10/2009 and 09/2010, Each program lead will participate in integration sessions at CDC and NACDD conferences and provide reports back at integration meetings in order to educate all team members.

2. Integration Meetings

Between 10/2009 and 09/2010, Each member of the Health Promotion Branch and Chronic Disease Prevention Branch will participate in bi-monthly integration meetings for development of a fully integrated state wide chronic disease prevention plan.

Essential Service 8 – Assure competent workforce

Objective 1:

Utilizing KY and National TRAIN to provide competency modules.

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch Program leads in cooperation with the Workforce Development Branch will develop **3** competency modules which will improve the Chronic Disease Prevention and Control at the local level.

Annual Activities:

1. Competency Module Development

Between 10/2009 and 09/2010, Competency modules will be developed on Asthma, COPD, Diabetes, Heart Disease and Stroke, Osteoporosis, and Colon Cancer and will be accessible 24 hours a day on the TRAIN website for learning and certificate process.

2. Evaluation of TRAIN modules

Between 10/2009 and 09/2010, The Chronic Disease Prevention Branch Program leads will monitor use and reach of competency modules and satisfaction with online learning process.

3. NACDD Chronic Disease Competencies

Between 10/2009 and 09/2010, One introductory module on Chronic Disease Competencies utilizing the NACDD framework will be developed and placed on the TRAIN network for use by local public health agencies.

Objective 2:

Registered Nurse Role Expansion at the local health department

Between 10/2009 and 09/2010, The Chronic Disease Initiative Program Lead through contract with the University of Louisville School of Medicine will establish **2** annual four day trainings and a six month preceptorship at the local health department on the Adult Preventive Physical Assessment Exam.

Annual Activities:

1. University of Louisville School of Medicine Four Day Training

Between 10/2009 and 09/2010, Two four day training sessions on the Adult Physical Exam will be conducted by an Advanced Practice Nurse at the University of Louisville using both didactic and standardized live patients.

2. Preceptorship

Between 10/2009 and 09/2010, Preceptorship of six months will be completed at the local health department to develop skills and a certificate will be issued from the Kentucky Department for Public Health in a cooperative agreement with the Department for Medicaid Services prior to performing and billing for the Adult Preventive Physical Exam.

State Program Title: Comprehensive Cancer Prevention and Control Program

State Program Strategy:

Goal: Reduce the burden of colon cancer in Kentucky by decreasing colorectal cancer incidence and mortality rates through education and awareness and increased screening rates.

Priorities: Develop and enhance existing partnerships which will address colon cancer on both a state and local basis. Develop a process to communicate the importance of colon cancer screening so that clear consistent messages using evidence based guidelines are utilized. Identify barriers to colon cancer screening on a local level and improve access and awareness.

In the 2008 Kentucky legislative session, House Bill 415, which provides for development of a colon cancer screening program for the uninsured was passed. Unfortunately, funding was not appropriated at this time. It is well known, that screening reduces mortality both by decreasing incidence (removing polyps before they are cancer) and by detecting a higher proportion of cancers at early, more treatable stages. Efforts are underway by the Colon Cancer Advisory Committee and a workgroup called the Colon Cancer Prevention Committee to address colon cancer screening and obtain funding and/or access through volunteer and locally funded projects until private or state or federal funds can be obtained.

Cancer incidence and mortality can be reduced in Kentucky through access to health education and screening tests. Kentucky has a local health department in each county. Efforts to make cancer screening, information, and referral services available and accessible are essential for reducing incidence and mortality from colorectal cancer.

The Department for Public Health (DPH) Comprehensive Cancer Control Program is partnering with all 56 local and district health departments to provide activities related to colon cancer education and screening. These will be done in collaboration with the statewide Colon Cancer Prevention Committee.

Primary Strategic Partners:
Internal partners: Health Promotion Branch with the Tobacco Control Program and the Physical Activity, Obesity and Nutrition Programs, KY Breast and Cervical Cancer Program, and the Department for Medicaid Services.
External partners: Colon Cancer Prevention Project, Kentucky Cancer Consortium, American Cancer Society, Kentucky Cancer Program, Kentucky Medical Association, Kentucky Hospital Association and local/district health departments and FQHC network.

Role of PHHSBG Funds: The role of the Block Grant in this program is to allocate funds to every local/district health department to provide at least one colon cancer screening education and awareness strategy for FY 2009.

Evaluation Methodology: Local/district health departments are required to submit a budget plan prior to the fiscal year indicating the objective, strategy and activity that will be provided for colon cancer prevention. These strategies are chosen from an evidence based list including the CDC Screen for Life program and other activities in collaboration with the Kentucky Cancer Consortium and the Kentucky Cancer Program. Data will be entered into the state Community Health Services database/reporting system on activities and participation. At least five local/district health departments will be visited throughout the year and success stories will be solicited from these activities. A survey will be conducted regarding effectiveness of strategies utilized. BRFSS, Kentucky Cancer Registry and SEER data will be used to evaluate long term progress toward achieving the primary goal of reducing incidence and mortality from colon cancer. The program manager will summarize and analyze data from these sources in order to document progress.

State Program Setting:

Community based organization, Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Comprehensive Cancer Program Coordinator
State-Level: 25% Local: 15% Other: 10% Total: 50%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.50

National Health Objective: HO 3-5 Colorectal cancer deaths

State Health Objective(s):

Between 10/2007 and 12/2010, Decrease colon cancer death rate in Kentucky to no more than 23.5 per 100,000 persons in the state.

Baseline:
25.3 per 100,000 persons in 1996 and 24.1 per 100,000 in 2004.

Data Source:
Kentucky Cancer Registry and Healthy Kentuckians 2010 mid-decade review.

State Health Problem:

Health Burden:
In Kentucky, as in the US, colorectal cancer is the second leading cause of cancer death after lung cancer when figures for both men and women are totaled. It is the third cause of cancer death for men after lung and prostate cancer and the third leading cause of cancer death for women after lung and breast cancer. According to the Kentucky Cancer Consortium age adjusted colorectal cancer incidence rates for 2001-2005 in Kentucky are 63.9 compared to the U.S. rate of 51.8.

Contributing factors such as tobacco use, obesity, and nutrition as well as certain geographic, economic and educational barriers exist in Kentucky. The age-adjusted mortality rate for colorectal cancer is higher for African Americans and Appalachian Area Development Districts. According to the Kentucky Cancer Registry, the African American age adjusted mortality rate is 31.1 compared with the U.S rate of 26.1. Appalachian Area Development District age adjusted mortality rates range from a low of 19.94 in one district to a high of 26.05 in another district indicating that appropriate interventions and strategies considering culture and health literacy are necessary to make an impact on mortality rates and incidence rates.

A report in 2007 from the Kentucky Cancer Consortium indicates that lack of education has a high correlation with not obtaining screening and late stage diagnosis. BRFSS data for 2005 indicates that those persons over the age of 50 report rates of having a sigmoidoscopy or colonoscopy at 45.6 in Kentucky as compared to a rate of 48.1 in the U.S.

In Kentucky, in years 2000 through 2005 there were 12,250 colon cancer deaths. According to the Kentucky Cancer Registry, mortality for cancers which are screenable is 46% for colorectal, 31% for female breast, 20% for prostate and 3% for cervical. For most cancers, the stage at diagnosis has a critical impact on five-year relative survival. Colorectal cancer is almost 90% preventable by removing polyps before they develop into cancer. Additionally, the more localized the cancer, the better the person's chance of surviving longer.

Cost Burden: Approximately half (1378) of all colon cancers diagnosed in Kentucky each year are late stage disease. It costs an average of $30,000 to treat each case of early stage colon cancer and an average of $120,000 to treat each case of late stage colon cancer. This is $90,000 more in direct treatment costs for each case of late stage colon cancer. If only 200 new cases of colon cancer were diagnosed at an early stage in one year the cost savings would be $18 million dollars in direct treatment alone. More importantly increased colon cancer screening which removes polyps before they become cancer will reduce both state and personal economic burden, indirect costs of treatment and diminish lost years of productive life.

Target Population:
Number: 1,300,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 143,976
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Native Hawaiian or Other Pacific Islander
Age: 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: US Census Bureau and Kentucky Cancer Registry

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: American Cancer Society - 2008 Cancer Screening Guidelines

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $178,600
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $45,000
Funds to Local Entities: $60,000
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Increase awareness of colorectal cancer screening
Between 10/2009 and 09/2010, The Comprehensive Cancer Program coordinator will establish **4** methods of colon cancer awareness and messaging in Kentucky with special emphasis in Appalachia and with African American populations.

Annual Activities:
1. Colon Cancer Awareness Minigrants
Between 10/2009 and 09/2010, at least six local/district health departments in Kentucky will receive minigrants to implement at least one colon cancer prevention and/or screening awareness activity chosen from a pre-approved list of evidence based strategies.

2. Statewide Cancer Summit
Between 10/2009 and 09/2010, The Kentucky Comprehensive Cancer Program in partnership with the Kentucky Cancer Consortium and the Kentucky Cancer Program will provide one statewide cancer summit addressing colon cancer.

3. Kentucky State Fair Healthy Horizons
Between 07/2010 and 09/2010, The Colon Cancer Program Coordinator will participate in Healthy Horizons with distribution of information on colon cancer screening and awareness including informal survey of population at the state fair of knowledge and access to colon cancer screening.

4. Kentucky Super Colon Tour
Between 10/2009 and 09/2010, The Kentucky Department for Public Health in partnership with the Colon Cancer Prevention Project and the Kentucky Cancer Program will purchase a Kentucky Super Colon to promote a statewide campaign through an interactive walk through of the super colon which will be enhanced by having public health staff and other professional staff present to answer questions and navigate to appropriate colon cancer screening.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Kentucky Colon Cancer Program
Between 10/2009 and 09/2010, The Comprehensive Cancer Program Coordinator will provide staff support for development of the Kentucky Colon Cancer Screening Program to **at least 3 partnerships or activities developed through** the Kentucky Colon Cancer Advisory Committee required by KRS 214.540-544.

Annual Activities:
1. Kentucky Colon Cancer Advisory Committee
Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager will provide staff support at the monthly meetings of the Colon Cancer Screening Advisory Committee.

2. Colon Cancer Data System Workgroup
Between 10/2009 and 09/2010, The CCP manager will serve as a facilitator/staff member of the Data System Workgroup by providing meeting space, planning, materials, minutes and support for development of a web based data system.

3. Website Development
Between 10/2009 and 09/2010, The program manager will continue to add appropriate public awareness messaging and provider toolkits and updates to the state colon cancer prevention and screening website in collaboration with the colon cancer advisory committee and the Workforce Development Branch.

Essential Service 5 – Develop policies and plans

Objective 1:
Development of Colon Cancer Screening Regulations

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager working in conjunction with the Kentucky Legislative Research Commission and the Colon Cancer Screening Advisory Committee will implement **1** Kentucky Administrative Regulation based on KRS 214.540-544 which regulates colon cancer screening for the uninsured in Kentucky.

Annual Activities:

1. Regulation Training

Between 10/2009 and 09/2010, The CCP manager will attend regulation training and meet with the Kentucky Legislative Research Commission liaison to develop the regulation for presentation to the committee.

2. Regulation Approval

Between 10/2009 and 09/2010, The CCP manager will present the regulation to the Kentucky Joint House and Senate Regulation Committee for approval and implementation in the state.

Objective 2:

Colon Cancer Screening Awareness

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager in collaboration with the Colon Cancer Advisory Committee will increase the percent of colon cancer screening by colonoscopy of individuals over the age of fifty who are permanent residents of Kentucky and respond to the BRFSS survey from 68.5% to **70%**.

Annual Activities:

1. Outreach and Education

Between 10/2009 and 09/2010, Create colon cancer screening messages for Kentuckians which considers both health literacy and cultural factors.

2. Memorandum of Agreements (MOA)

Between 10/2009 and 09/2010, Develop Memorandum of Agreement for colon cancer screening referrals through six pilot projects with local/district health departments...

3. Colon Cancer Prevention and Screening Website

Between 10/2009 and 09/2010, Make public and providers aware of the state Colon Cancer Prevention and Screening website than can be utilized by those seeking information and evidence based guidelines.

Essential Service 8 – Assure competent workforce

Objective 1:

Education and Workforce Development

Between 10/2009 and 09/2010, The Comprehensive Cancer Program Manager will implement **one** online TRAIN module on colon cancer screening and prevention for health department staff and patient navigators.

Annual Activities:

1. Health Educator/Nurse Training

Between 10/2009 and 09/2010, At least 30 participants will have completed the online training module for colon cancer screening and prevention.

2. Evaluation of online TRAIN module

Between 10/2009 and 09/2010, The CCP Manager will evaluate results and participation of the TRAIN module and make revisions and changes as needed.

State Program Title: Kentucky Physician Care Program

State Program Strategy:

GOAL: To increase access to primary episodic medical care for the uninsured by creating a network of physicians, dentists and pharmacies.

Priorities: The Kentucky Physician Care Program (KPCP) is part of the Health Kentucky Network. The KPCP program is located within the Health Care Access Branch, which is a component of the Division of Prevention and Quality Improvement in the Department for Public Health (DPH). The program consists of state and private partners who donate their time and materials to provide free one time routine care to low income uninsured citizens of the Commonwealth. There is a selected prescription drug benefit provided. The partners of this program include physicians, dentists, pharmacies, pharmaceutical manufacturers, Health Kentucky, Inc. and the Cabinet for Health and Family Services.

The applicant applies for services at the Department for Community Based Services. These offices are located in every county in the state. Once the application is submitted it is sent to the Kentucky Physician Care office for processing. Once accepted into the program the client calls 1-800 number and speaks to a Registered Nurse in the KPCP program to be referred to a participating provider. Participating pharmacies fill prescriptions of selected medications for the KPCP client and are then reimbursed through contract with the drug manufacturer.

Role of the PHHSBG: is to provide funding to the Health Care Access Branch who works in cooperation with Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physician's Care Program. Part of the funding will help with the cost of an e-tool for tracking pharmaceutical assistance and replenishment to volunteer pharmacies. Presently, there are approximately 1,980 providers (1,471 physicians, 75 dentists, 434 pharmacies) who have volunteered to participate in this program. Volunteer pharmacies have filled approximately 100,000 prescriptions for annual year 2007 with a wholesale value of almost $12,000,000. Due to the worsening economy and continued increase in health costs, the KPCP program has seen a thirty percent increase. Unfortunately, this increase has had a profound impact on the availability of physicians and dentists for referrals. Some PHHSBG will be utilized by Health Kentucky, Inc. in recruitment efforts of physicians, dentists, and pharmacies.

The Kentucky Department for Public Health contributes state funding for approximately 4.5 FTE to this program for the operation of the hotline and for the staffing of the help desk. The personnel cost is roughly $330,000 for these activities. In addition, the indirect cost of office space, supplies, telephone, which is substantial, is also provided by the Department for Public Health.

Partnerships:
Internal: Cabinet for Healthy and Family Services, Department for Medicaid Services, Department for Community Based Services, Local Health Departments.
External: Health Kentucky, Kentucky Medical Association, Kentucky Pharmacy Association, Kentucky Primary Care Association, Foundation for Healthy Kentucky.

Evaluation Methodology
The effectiveness of the program will continue to be evaluated through BRFSS data on Health Care Access questions such as lack of health care coverage, usual source of care and care delays. Health KY data will also provide information and trends on the state of health in Kentucky. Surveys of volunteer physicians, dentists and providers regarding the operation of the program are utilized to determine satisfaction. Cost benefit analysis of donated time and pharmaceuticals are completed each quarter and annually to determine effectiveness of the program.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 1-6 Difficulty or delays in obtaining needed health care

State Health Objective(s):

Between 10/2005 and 12/2010, Reduce to no more than 7 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.

Baseline:
13.8 percent in 2000

Data Source:
Kentucky Behavior Risk Factor Surveillance Survey annually

State Health Problem:

Health Burden:
Many low income Kentucky adults have no access to basic primary health care. According to the U.S. Census Bureau report “Income, Poverty and Health Insurance Coverage in the United States: 2005” approximately 13.6 percent of Kentucky’s adult population between ages 18 and 64 (329,573) had no health insurance for an entire year.

Many could not afford to purchase their prescription drugs. The effect of untreated chronic disease such as diabetes, asthma and heart disease and stroke, many of which are more prevalent in Kentucky creates both an economic and health burden on the individual, family and community. The Kentucky BRFSS 2002 report states that approximately 17.5% of adults in Kentucky have no source of health care coverage with a trend upward since 2000 in those who do not have insurance. In Kentucky, 9.8%, or one out of 10 persons stated they have difficulty obtaining medical care in the past 12 months.

Kentucky has the highest percentage of persons reporting some disability in the United States and ranks in the bottom third of the nation for persons reporting poor or fair health.

When these health problems are coupled with episodic care and no insurance, the person may seek unnecessary care in a hospital emergency room. The burden to the Kentucky Commonwealth in unnecessary emergency room visits has not been calculated for each of these diseases, but can be inferred from these figures. The burden of cost to the individual is in reduction of necessities of living such as food, utilities and shelter when deciding whether to seek simple medical care or go without.

Target Population:
Number: 568,514
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 568,514
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: US Census Bureau and Kentucky BRFSS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Care Without Coverage (Institute of Medicine)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $75,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $75,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:
Linking the Uninsured with Primary Care
Between 10/2009 and 09/2010, The Kentucky Physician's Care Program (KPCP) will increase the number of persons who receive assistance through the KPCP program from 16,000 to **18,000**.

Annual Activities:
1. Expand the KPCP network
Between 10/2009 and 09/2010, Health Kentucky will strengthen and expand the network by enrolling an additional fifty physician or nurse practioner providers.

2. Bi-annual Report
Between 10/2009 and 09/2010, Health Kentucky staff will publish a bi-annual report to participating providers across the state.

3. Kentucky Prescription Assistance Web based tool
Between 10/2009 and 09/2010, Continue statewide implementation of the KPAP web based tool with addition of trained community workers.

State Program Title: Osteoporosis Prevention and Education Program

State Program Strategy:

Goal: The Osteoporosis Prevention and Education Program (OPEP) is a multigenerational program created to raise community and provider awareness of the causes, prevention, diagnosis and treatment of osteoporosis. The goal of OPEP is to reduce the prevalence of osteoporosis through prevention strategies and promotion of early detection and treatment, resulting in fewer fractures due to osteoporosis and reduced mortality.

Priorities: The Kentucky Department for Public Health in cooperation with multiple partners will establish the following: 1) Provide a broad-based community education program to educate the public about prevention, diagnoses and treatment options for osteoporosis; 2) Develop a network to disseminate evidence-based prevention programs related to bone health and falls prevention; 3) Educate health care providers and professionals to improve prevention, diagnosis, and treatment of osteoporosis; 4) Create a resource network for dissemination of information to consumers and health care professionals on osteoporosis; and 5) Improve the use of data and surveillance to monitor osteoporosis and falls prevention in Kentucky.

In Kentucky, legislation was enacted in 2006 to establish a statewide multigenerational osteoporosis prevention and education program with an annual budget of $90,000. This osteoporosis funding has provided initial start up monies for the program with ongoing awareness and educational opportunities for the public, training for community partners to deliver evidence-based prevention programs, promotion of clinical guidelines for osteoporosis treatment and diagnosis to health care providers and the purchase of two Bone Density Heel Scan machines. The OPEP program successfully applied for a CDC Public Health Prevention Specialist to co-lead the osteoporosis program beginning in October 2007. This position was a CDC-funded FTE position that will be completed on September 30, 2009. Until a new coordinator is hired, the Physical Activity Coordinator will coordinate the program.

Primary Strategic Partners:
The Osteoporosis Program has several strategic partners, both internal and external who will assist with the development and implementation of the program. Internal partners include Adult and Child Health Improvement, Oral Health Program, Coordinated School Health, Medicaid, Healthy Start in Child Care Program, Kentucky Commission on Women, Wellness and Health Promotions Branch, Chronic Disease Prevention Branch, and the Department of Aging and Independent Living. External partners include University of Kentucky Area Health Education Centers, University of Kentucky Health Education through Extension Leadership (HEEL), Humana, Kentucky Department of Education, Kentucky Injury Prevention Research Center, Traumatic Brain Injury Association of Kentucky, local and district health departments and community-based hospitals and clinics.

Role of PHHSBG Funds: The role of the PHHSBG in this program is to provide funding to local health departments to implement strategies addressing bone health and prevention of osteoporosis at the local level. Local health departments are given choices of approved evidence based osteoporosis prevention and strategies to utilize in their community plan and budget beginning in July 2009 for FY 2010. In previous years, funding was provided to every local and district health department. Feedback from health departments indicated that in most cases the funding was not sufficient to conduct effective programming so it was decided that for FY 2010 fewer health departments will be funded at greater amounts of funding.
Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing the proportion of adults with osteoporosis. These data sources correspond with the Healthy Kentuckians 2010 objectives related to osteoporosis and chronic back conditions. In addition, the program will be evaluated using results of pre and post surveys and functional fitness assessments for participants attending evidence-based programs in the community.

State Program Setting:
Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Schools or school district, Work site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 2-9 Osteoporosis

State Health Objective(s):
Between 07/2007 and 10/2010, Reduce the rate of hospitalization for vertebral fractures associated with osteoporosis (rate per 10,000 adults aged 65 and older) to 11.5 per 10,000.

Baseline:
14.8 per 10,000 in 2003

Data Source:
Kentucky Hospital Inpatient Discharge and Utilization

State Health Problem:

Health Burden:
Osteoporosis is a common bone disease that affects all ages and populations. It often goes undetected until a fracture occurs. Osteoporosis is a public health threat for over 44 million Americans, 68% of whom are women. According to the National Osteoporosis Foundation, approximately 14% of all Kentuckians aged 50 and older have osteoporosis, 77% of whom are women. In Kentucky women age 50 and older, 20% (128,000) have osteoporosis and 53% (342,000) have low bone mass. In comparison, data for Kentucky men 50 and older show that 7% (37,300) have osteoporosis and 35% (186,100) have low bone mass. By 2010, it is estimated that osteoporosis and low bone mass will affect 20% of all Kentuckians aged 50 and over. Kentucky's elderly population is projected to nearly double between 2010 and 2030, and will likely increase the burden of osteoporosis-related complications on older adults' lives and Kentucky's healthcare system.

Osteoporosis is often referred to as, "a pediatric disease with geriatric consequences." By age 20, most people have developed their maximum bone density, and they begin losing it in their 30's. Because of this, developing healthy habits early is essential to minimizing osteoporosis risk later in life. Prevention of osteoporosis includes getting the daily recommendations of calcium and Vitamin D, engaging in regular weight-bearing and muscle-strengthening physical activity, and avoiding smoking and excessive alcohol consumption. Yet, in 2007, 67.1 percent of adolescents in 9th through 12th grade did not meet recommended levels of physical activity, 86.8 percent ate fruits and vegetables less than five times per day, and 40.6 percent described current alcohol use. In addition, 25% of high school students and 12% of middle school students reported current tobacco use in 2006.

Osteoporosis is the principal cause of reduced bone strength. One of the most debilitating outcomes from osteoporosis is the greater likelihood of suffering a fracture as the result of a fall. Certain kinds of fractures, specifically hip fractures, are particularly debilitating. Of older adults who suffer a hip fracture, 20% will die within 12 months, and two-thirds will never regain their full level of function experienced prior to the fracture. Many will be placed in institutional care. In 1996, falls among older adults resulted in $142 million in charges—93% of which was billed to Kentucky Medicaid for nursing home care.

During the years 2000-2006, 12-18% of individuals who suffered a hip fracture in Kentucky also had a diagnosis of osteoporosis. Kentucky hospital discharge data for 2006 show there were 2,955 discharges of elderly patients with hip fractures from acute and rehabilitation hospitals. Following national trends, females accounted for 75.5% of total hip fracture discharges while males make up 24.5 %. It has been estimated that 90% of proximal femur fractures among white women 65-84 years of age are related to osteoporosis. Although the prevalence of hip fracture is less in men, about 80% of male hip fractures are presumed to be osteoporotic-related. Studies show more than 95% of all hip fractures are the result of a fall.

Cost Burden: The estimated national direct care expenditures (including hospitals, nursing homes, and outpatient services) for osteoporotic fractures was $18 billion per year in 2002 dollars. The average cost per patient for treating and caring for a hip fracture within the first year of occurrence is $26,912. Kentucky 2006 data for age 65 years and older reflect 2,955 admissions to acute care or rehabilitation hospitals for hip fractures. *KY- Minimum cost analyses $79,524,960-$80 million for the first year alone post hip fracture. 49% are discharged from the hospital and directly placed in skilled nursing facilities under Medicare payment increasing the cost burden to Medicare.*

Role of Policy: Since the inception of the Osteoporosis Prevention and Education Program in 2006, the focus of the program's efforts have been focused on individual behavior change strategies. The program has come a long way in the ability to offer evidence-based programs that address risk factors for developing osteoporosis as well as risk factors associated with falling. The program is beginning to investigate the role of policy and will continue to move in this direction in the future. Policy initiatives will focus on health across the lifespan (including pediatric/adolescent health through healthy aging), which fits into the Osteoporosis Program's multigenerational perspective.

Target Population:
Number: 4,173,347
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Asian, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 515,197
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Asian, White
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other:
•National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older
http://www.agingblueprint.org/
•Center for Healthy Aging: Model Health Programs for Communities.
http://www.healthyagingprograms.org/
•Bone Health and Osteoporosis: A Report of the Surgeon General

http://www.surgeongeneral.gov/library/bonehealth/
•Osteoporosis - Physician's Guide To Prevention and Treatment of Osteoporosis. National Osteoporosis Foundation www.nof.org or http://www.guideline.gov/.
•American College of Obstetricians and Gynecologists (ACOG) – Clinical Management Guidelines for Obstetrician-Gynecologists Number 50, January 2004; 103:1.
•A Matter of Balance: Managing Concerns About Falls, Lay Leader Model, Maine Partnership for Healthy Aging http://www.mmc.org/mh_body.cfm?id=432
•The StrongWomen™ Program, John Hancock Center for Physical Activity, Tufts University, http://jhcpan.nutrition.tufts.edu/programs/strongwomen or http://www.cdc.gov/pcd/issues/2008/jan/06_0165.htm
Falls Prevention Resources:
•Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World. http://www.cdc.gov/ncipc/preventingfalls/
•Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. http://www.cdc.gov/ncipc/preventingfalls/
• Resource Guide on Building Falls Free Coalitions: http://www.coalitions.fallsfree.org/

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $105,150
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $35,000
Funds to Local Entities: $105,150
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Bone Health Education
Between 10/2009 and 09/2010, each of the fifty six local and district health departments will maintain **one** activity for education on fall prevention, osteoporosis, and general bone health through community programs and activities.

Annual Activities:
1. Fall Prevention or Bone Health
Between 10/2009 and 09/2010, local health departments in Kentucky will provide at least one activity on fall prevention or bone health to be chosen from an approved evidence based list created by the Kentucky Department for Public Health.

2. Community Health Services Reporting
Between 10/2009 and 09/2010, Each local health department receiving PHHSBG funds will report through DataMart on activities completed related to osteoporosis/bone health as listed below which were presented in their plan and budget for 2010.

Activity	# LHD Projected
A Matter of Balance Training Course	5
A Matter of Balance Participant Class	8
Falls Prevention Awareness and Education	27
Heel Scan/Bone Health Education	17
Osteoporosis Tool Kit	13

StrongWomen Exercise Program	10
Tai Chi	5

Essential Service 4 – Mobilize Partnerships

Objective 1:
Safe Aging Coalition
Between 10/2009 and 09/2010, The Kentucky Osteoporosis Program lead will establish **a** sustainable older adult fall prevention plan for the state.

Annual Activities:
1. Technical Assistance
Between 10/2009 and 09/2010, Work with the Safe Aging Coalition and UK Injury Prevention and Research Center to provide monthly technical assistance to four local falls prevention task force groups to assess the community response and resources for older adults who are at risk for falling or who have sustained a fall.

2. Community Assessments
Between 10/2009 and 09/2010, Work with four local falls prevention task force groups to develop interventions to address gaps found in the community assessment.

3. Fall Prevention Summit
Between 10/2009 and 09/2010, In partnership with the Safe Aging Coalition and UK Injury Prevention and Research Center, hold a Falls Prevention Summit for stakeholders in Kentucky that addresses the environment and best practices for preventing falls.

Essential Service 5 – Develop policies and plans

Objective 1:
Integrated Policies
Between 10/2009 and 09/2010, the Osteoporosis Program Lead in cooperation with the Healthy Communities Initiative will identify **2** integrated policies that support health across the lifespan and develop plans for educating policy makers.

Annual Activities:
1. Healthy Communities Initiative
Between 10/2009 and 09/2010, the Osteoporosis Program will work with the Healthy Communities Initiative to address policies related to physical activity, nutrition, smoke-free environments and the built environment across the lifespan.

2. Technical Assistance
Between 10/2009 and 09/2010, the Osteoporosis Program will provide technical assistance to the three local communities chosen for the demonstration project, Harrison, Madison, and Jackson, during site visits.

3. Healthy Aging Portfolio
Between 10/2009 and 09/2010, the Osteoporosis Program will work with the Partnership for Fit Kentucky Advocacy Workgroup through funding provided by the National Association of Chronic Disease Directors to develop a policy portfolio for healthy aging.

Objective 2:
Falls Prevention Task Force
Between 10/2009 and 09/2010, the Osteoporosis Program lead, in cooperation with the Fall Prevention Coalition, will develop **two** interventions to raise awareness of the impact of falls for the elderly.

Annual Activities:

1. Issue Brief
Between 10/2009 and 09/2010, A Falls Prevention Issue Brief will be developed and distributed to local health departments, providers and made available to the public in cooperation with the Safe Aging Coalition.

2. Task force group work gap analysis
Between 10/2009 and 09/2010, Work with four local falls prevention task force groups to develop interventions that address gaps found in the community assessments.

Essential Service 8 – Assure competent workforce

Objective 1:
Osteoporosis Education and Competency
Between 10/2009 and 09/2010, The Osteoporosis Program will implement **one** training module on Osteoporosis. The module is accessible at http://ky.train.org.

Annual Activities:
1. Promoting the Osteoporosis Module on TRAIN
Between 10/2009 and 09/2010, Promote the module to local health department staff, aging services, cooperative extension and non-profit organizations through the computer based network system .

2. Training and Technical Assistance
Between 10/2009 and 09/2010, Increase the availability of training and technical assistance for implementing evidence-based bone health strategies for local health departments and other community organizations in Kentucky.

Objective 2:
Competency of Trainers
Between 10/2009 and 09/2010, The Osteoporosis Program will establish **2** training initiatives related to Osteoporosis Prevention and Control.

Annual Activities:
1. Matter of Balance Training
Between 10/2009 and 09/2010, Conduct 20 Matter of Balance participant classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

2. Strong Women
Between 10/2009 and 09/2010, Conduct 20 StrongWomen classes throughout the state and evaluate effectiveness as measured through pre and post surveys.

3. Quarterly Updates
Between 10/2009 and 09/2010, Conduct quarterly conference calls with Matter of Balance and StrongWomen program leaders in order to monitor success and determine barriers to effective education.

State Program Title: Physical Activity Program

State Program Strategy:

GOAL: The Kentucky Physical Activity Program focuses on increasing the physical activity of adults and children and enhancing the core capacity of health professionals and other partners to participate in planning and development of activities to address community needs.

Priorities: In 2008, the Physical Activity Program along with the Nutrition and Obesity, Tobacco Prevention and Control, and Osteoporosis/Arthritis program was moved to the Department for Public Health under the new Health and Wellness Promotion (HWP) Branch. This unit was formerly known as the Governor's Office of Wellness and Physical Activity. This move places the HWP Branch in the Division of Prevention and Quality Improvement along with the Chronic Disease Prevention Branch, cementing an even stronger relationship and possibilities of integration activities. Additionally, a strong Worksite Wellness liaison with the Kentucky Chamber of Commerce works out of the HWP.

Beginning in 2001, the PHHSBG Advisory Committee chose to strategically utilize $1.5 million of the funding received by the state to address the need for increased physical activity in Kentucky. Each of the 56 local/district health departments in the state of Kentucky has received PHHSBG funds in each of those years to address adult and child physical activity within their communities. These mini-grants are given based on their annual community plan which is submitted to the state Physical Activity Program Manager for approval. The community-based plan utilizes pre-approved evidence based strategies and interventions to be conducted by each local health department based on the recommendations in the Guide to Community Services. Each local health department has an assigned coordinator for these projects. Monthly activities at the community level are entered into a statewide Community Health Services Reporting System data base (DataMart).

There is an annual Physical Activity Conference held in Kentucky conducted by DPH with state funds. This is mandatory for the local health department coordinators who manage and receive funds from the PHHSBG to address physical activity. It is also open to and attended by other interested community partners and leaders such as school personnel, trainers, extension agents, and faith based organizations.

The Kentucky Physical Activity Committee was begun in 2003 in order to facilitate networking, educational opportunities, to plan the annual conference and determine evidence based strategies that can be utilized across the state.

In 2007 Senate Bill 172 was passed recommending physical activity in grades K-5 requiring at a minimum supervised recess for 20 minutes daily with the students engaging in 15 minutes of planned moderate to vigorous physical activity each day. This policy has increased the emphasis on healthy school environments and the number of school site based councils who have developed strategies to increase scheduled physical activity.

Our best chance of success relies on a coordinated approach involving evidence-based strategies, within settings that span the full range of the social system from school health policies, and local access to physical activities, through health promotion activities and counseling patients by their health care providers.

Primary Strategic Partners:
Internal partners include: Maternal and Child Health, Partnership for a Fit Kentucky, Arthritis/Osteoporosis, Adult Preventive Health, Heart Disease and Stroke, Obesity, Diabetes, Coordinated School Health, Nutrition and Health Services Branch.
External partners include: Department of Education, Coordinated School Health, Offices of Aging and Independent Living, Universities, Kentucky Medical Association, local and district health departments, YMCAs, faith based organizations and local and city councils.

State Program Setting:
Community based organization, Community health center, Faith based organization, Local health department, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, Work site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Physical Activity Program Coordinator
State-Level: 30% Local: 10% Other: 10% Total: 50%
Position Title: Healthy Communities Manager
State-Level: 50% Local: 40% Other: 10% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.50

National Health Objective: HO 22-1 Physical Activity in Adults

State Health Objective(s):
Between 07/2003 and 12/2010, Increase to at least fifty percent the proportion of Kentuckians ages 18 and over who engage regularly in physical activity for at least twenty minutes, three or more times per week.

Baseline:
Thirty percent in 2000 with an increase to thirty four percent in 2008.

Data Source:
Kentucky BRFSS data

State Health Problem:

Health Burden:
Lack of physical activity is linked with an increased prevalence of almost all chronic diseases. Data from the 2007 Kentucky Behavioral Risk Factor Surveillance System (BRFSS) indicate that 23% of adults report their health status as being only "fair" or "poor".

Kentucky has the 3rd highest rate of heart disease with almost 6% of the population reporting they have been told by a health care provider that they have coronary heart disease or angina. The diabetes rate is even higher with 9.9% of the population diagnosed. In 2007, only 44% of adult Kentuckians report meeting national guidelines for either moderate or vigorous physical activity; however, that percentage is increased since 1998 in all age categories.

Those with lower levels of education and/or lower income levels are statistically more likely to be less physically active compared to those with a higher education or income level.

On average, physically active people outlive those who are inactive, and maintain functional independence longer. In Kentucky, 28.7% of adults are obese and 35% of adults report they have arthritis. Obesity, lack of physical activity and arthritis are frequently inter-related. Physical activity improves bone health throughout our lifespan and must be emphasized beginning in childhood. Linking the importance of physical activity to bone health positively impacts the health of Kentuckians.

Research also indicates that persons who are sedentary and are not engaged in regular physical activity have higher rates of certain types of cancer such as colon, prostate and breast. Although the leading risk factor by far for cancer is smoking or second hand smoke, physical activity is certainly a modifiable risk factor with linkage to multiple cancers.

Increasing physical activity in all Kentuckians will decrease prevalence and burden of disease as well as improving mobility, quality of life and decreasing the chance of long term disability.

Cost Burden:
It is difficult to measure the actual financial cost of being inactive. However, although there are other factors contributing to obesity, those medical expenses may serve as some indicator of the complexity of the problem. In Kentucky alone, $1.1 billion was spent in 2003 on medical expenses of those who have are diagnosed as obese. If lack of physical activity related disease and disability could be approximated for Kentucky, the results would likely be disturbing both on a personal level and a state level.

Target Population:
Number: 3,046,951
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 486,847
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: US Census Bureau, KY BRFSS Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: *Core Competencies: Essentials for Public Health Physical Activity Practioners
*Physical Activity Guidelines Advisory Committee Report
*Cost Effectiveness of Community Based Physical Activity Interventions: American Journal of Preventive Medicine

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $395,773
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $187,170
Funds to Local Entities: $305,478
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Adult Community Based Physical Activities
Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Manager in collaboration with the state Physical Activity Committee will provide adult community-based physical activity training opportunities to **56 local and district health departments** for health educators and clinicians.

Annual Activities:
1. Regional Partnership for a FIT Kentucky Coalition Meetings
Between 10/2009 and 09/2010, Maintain outreach by listserve and website for sixteen regional coalitions in Kentucky with meetings held on a quarterly basis.

2. Professional Development
Between 10/2009 and 09/2010, The state physical activity program will provide at least one two day Physical Activity Conference to teach best practices to all sites funded through PHHSBG allocations.

3. Community Wide Campaigns and Social Support
Between 10/2009 and 09/2010, Through funding to the local/district health departments provide 26 community wide campaigns addressing physical activity and 142 social support interventions in community settings.

Objective 2:
Senior Citizens Organizations
Between 10/2009 and 09/2010, the Kentucky Physical Activity Program working in collaboration with the Department for Aging and Independent Living and the Kentucky Aging Readiness Team will develop **two** educational opportunities for local senior centers and organizations who offer services to seniors.

Annual Activities:
1. Kentucky Aging Readiness Initiative
Between 10/2009 and 09/2010, Partner with the Obesity Program, Osteoporosis Program, Department of Independent Living, YMCA, AARP, Kentucky Injury Prevention, to develop an Aging Policy Portfolio for healthy aging.

2. Kentucky Aging Summit
Between 10/2009 and 09/2010, in partnership with the Kentucky Aging Readiness Team, will conduct one professional development in-service for Kentucky Stakeholders on Aging Portfolio covering the benefits of exercise and physical activity through the life continuum.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Regional Partnership Coalition Participation
Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **50 percent**.

Annual Activities:
1. Partnership for a Fit Kentucky

Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

2. Kentucky Aging Readiness Initiative
Between 10/2009 and 09/2010, The Physical Activity Program Coordinator will serve on the steering committee for the Aging Readiness Initiative and provide input and leadership on the Built Environment.

3. Second Sunday Initiative
Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Essential Service 5 – Develop policies and plans

Objective 1:
Policy and Environmental Change
Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky will conduct **2** trainings on environment and policy change to increase physical activity.

Annual Activities:
1. CHANGE
Between 10/2009 and 09/2010, Provide one training to local health department staff on the CDC's assessment tool CHANGE which covers questions pertaining to schools, communities and the built environment which will assist them in developing a comprehensive strategy for physical fitness.

2. Kentucky Healthy Community Annual Conference
Between 10/2009 and 09/2010, In collaboration with the Health Promotion Branch, the state Physical Activity Coordinator will develop and provide an annual Healthy Community Conference for Kentucky stakeholders that will develop competency and methods of increasing access to physical activity through environment and policy change.

Essential Service 9 – Evaluate health programs

Objective 1:
Evaluation of Physical Activity Strategies
Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Annual Activities:
1. BRFSS and YRBS Data
Between 10/2009 and 09/2010, the Physical Activity Coordinator will work with the state BRFSS program and the YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

2. DATAMART activity
Between 10/2009 and 09/2010, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

3. Technical Assistance
Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

4. Success Stories
Between 10/2009 and 09/2010, At least one success story will be collected from each local/district health department who is funded by the PHHSBG for ongoing evaluation of activities.

National Health Objective: HO 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):
Between 07/2003 and 12/2010, increase the proportion of young people in grades K-12 who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days.

Baseline:
18.1 percent

Data Source:
Kentucky YRBS

State Health Problem:

Health Burden:
Kentucky youth exhibit alarmingly high rates of overweight and risk for adulthood obesity and overweight. Culprits listed in the Kentucky Nutrition and Physical Activity State Plan of 2005 include few children walking to school, daily PE is no longer available in all schools, fast foods are readily available and few healthy food choices for snacks. Sedentary activities such as video games, computer chatting and television have become leisure activities.

For children and youth, the term obesity is not used. Instead, children and youth are said to be "at risk of overweight" or "overweight- comparable to obesity in adults". Different terms are used because children and youth are still growing and their weight/height ratio may change significantly as they grow in height.

Weight and height data is not available for all children in Kentucky. One valid data source comes from children enrolled in the Kentucky WIC program where 17% to 18% of 2-4 year olds are "at risk of overweight" and 16% to 17% of 2-4 year olds are "overweight". In Fayette County where data was collected, 12% of elementary students were "overweight" and 14% were "at risk of overweight".

According to Kentucky 2010 Mid Decade Review only 21.3% of children and adolescents in K-12 engaged in moderate physical activity for 30 minutes at least 5 times a week. Self reported information from the Kentucky Youth Risk Behavior Surveillance Survey for high school students in 2007 indicated 67% of students did not meet recommended levels of physical activity and that 80% did not attend physical education classes daily. The self reported obesity rate was 15.6% as compared to 13.0% nationally for 2007.

Youth are at risk for the all too familiar cycle in Kentucky of lack of physical activity, obesity and the development of chronic disease and disability.

Target Population:
Number: 996,251
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 203,536
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: US Census Bureau, KY YRBS and Mid Decade Review

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: *School Health Index for Physical Activity, Healthy Eating, and a Tobacco Free Lifestyle: A Self-Assessment and Planning Guide (CDC 2000)
*Coordinated School Health Program (CDC)
*Core Competencies: Essentials for Public Health Physical Activity Practioners

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $171,065
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $64,332
Funds to Local Entities: $105,640
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Community Based Training
Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will provide training opportunities to **all fifty six local health departments** who are funded by the PHHSBG.

Annual Activities:
1. Built Environment
Between 10/2009 and 09/2010, The state coordinator will work in collaboration with the Partnership for FIt Kentucky, Healthy Communities Initiative and the Department for Transportation will develop and distribute evidence based guidelines on the Built Environment to all 56 local and district health departments funded by the PHHSBG.

2. Coordinated School Health Training
Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator In partnership with the Coordinated School Health Interagency Team, will conduct one professional development inservice on

increasing physical activity opportunities for the school Pupil Personnel Directors, Family Resource Youth Service Centers, and local/district health departments.

3. Professional Development
Between 10/2009 and 09/2010, In partnership with the Healthy Communities Initiative provide six video conferences which can be viewed across the state through a wide network on the transformation to physical activity focused healthy communities.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Regional Partnership Coalition Participation
Between 10/2009 and 09/2010, the Kentucky Physical Activity Program Coordinator will increase the percent of local health departments who participate in regional coalitions that effectively address increasing physical activity through policy and environmental change and use of evidence based guidelines. from 45 percent to **50 percent**.

Annual Activities:
1. Partnership for a Fit Kentucky
Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide site visits, list-serve announcements, save the dates, and invitations to local health departments who are not currently involved in regional meetings in order to increase involvement and impact.

2. Second Sunday Initiative
Between 10/2009 and 09/2010, The state Physical Activity Coordinator will provide support and instruction on the Second Sunday Initiative by working collaboratively with local health departments to increase by 10% those communities who agree to close down a road for promoting walking and physical activity in order to promote awareness of environmental and policy change impact.

Objective 2:
PANTA Plus Manual
Between 10/2009 and 09/2010, the Physical Activity Program, Tobacco Program, Obesity Program, Diabetes Program, Asthma Program, Coordinated School Health and the Kentucky Department for Education will publish **one** school-based guide book on Physical Activity, Nutrition, Tobacco, and Asthma (PANTA) and newly added section on Diabetes. This manual was developed in 2006 and is being updated with new guidelines and resources on evidence based curriculum, best practices, model policies and answers to frequently asked questions.

Annual Activities:
1. Manual Distribution
Between 10/2009 and 09/2010, Manuals will be distributed to coalitions, schools, and at partnership meetings with a target of engaging each school district and local/district health department in the state.

2. Technical Assistance
Between 10/2009 and 09/2010, Programs that partner in development of the PANTA guide will provide assistance to schools as well as agencies and organizations that partner with schools in designing and planning policies and programs, encouraging environmental change, and promoting overall health of students, staff and the school community.

Essential Service 5 – Develop policies and plans

Objective 1:
Policy and Environmental Change
Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in cooperation with the Kentucky Department of Education and the Partnership for a Fit Kentucky will conduct **2** trainings on environment and policy change to increase physical activity.

Annual Activities:

1. CHANGE

Between 10/2009 and 09/2010, Provide one training to local health department staff on the CDC's assessment tool CHANGE which covers questions pertaining to schools, communities and the built environment which will assist them in developing a comprehensive strategy for physical fitness.

2. Kentucky Healthy Community Annual Conference

Between 10/2009 and 09/2010, In collaboration with the Health Promotion Branch, the state Physical Activity Coordinator will develop and provide an annual Healthy Community Conference for Kentucky stakeholders that will develop competency and methods of increasing access to physical activity through environment and policy change.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation of Physical Activity Strategies

Between 10/2009 and 09/2010, the Physical Activity Program Coordinator in coordination with the Preventive Health and Health Services Block Grant Coordinator will collect **four** methods of program evaluation for local/district health departments funded through the PHHSBG.

Annual Activities:

1. BRFSS and YRBS Data

Between 10/2009 and 09/2010, the Physical Activity Coordinator will work with the state BRFSS program and the YRBS survey to analyze the core questions related to exercise, physical activity and access to physical activity on the surveys in order to determine impact across the state of PHHSBG funding.

2. DATAMART activity

Between 10/2009 and 09/2010, Monitor activities of local health departments who input physical activity strategies into DATAMART as a condition of PHHSBG funding.

3. Technical Assistance

Between 10/2009 and 09/2010, The state Physical Activity Program Coordinator will provide technical assistance to local health departments who may need assistance developing, coordinating or completing chosen physical activity strategies. At least 5 sites will be visited annually.

State Program Title: Rape Crisis Centers-Sexual Assault and Domestic Violence Program

State Program Strategy:

Goal: The overall mission of the Rape Crisis Centers (RCCs) in Kentucky is to lessen the negative and often life altering effects sexual violence and assault have on its victims. These centers are statutorily mandated to provide, at a minimum, crisis telephone lines, crisis intervention and counseling, advocacy services, counseling/mental health services, education/consultation services, professional training and volunteer services. The 13 regional RCCs in Kentucky provide services to victim/survivors of sexual assault and their family and friends.

Priorities: Providing access to medical and legal advocacy in the case of sexual assault to all Kentuckians regardless of geographic area, race, sex, ethnicity or any other perceived barriers is the primary priority of the RCCs as supported through the Department for Community Based Services (DCBS), Division of Violence Prevention Resources (DVPR). One additional major function of the centers is to provide professional training for medical and mental health professionals, health department staff and educators. The RCCs also engage in radio spots, public service announcements, and a month-long awareness and prevention campaign during March which is Sexual Assault Awareness Month.

Role of the PHHSBG: Funding from the PHHSBG is allocated to all thirteen regional Rape Crisis Centers by the Cabinet for Health and Family Services, DCBS, DVPR through a contract with the state sexual assault coalition (Kentucky Association of Sexual Assault Programs or KASAP). The PHHSBG supports the advocacy and educational services offered by these regional Rape Crisis Centers in conjunction with any state general funds, federal funds and other private funding streams or grants.

Partnerships:
Internal Partners include the Cabinet for Health and Family Services, Department for Public Health, Division of Women's Health and the Division of Maternal and Child Health, Chronic Disease Prevention Branch, and the Department for Community Based Services.
External Partners include private physicians, hospitals, mental health centers, Regional Abuse councils, the Kentucky State Police and many local justice jurisdictions as well as private organizations.

Evaluation Methodology: Rape Crisis Centers (RCCs) collect a variety of data for their service array. The number of hotline calls related to victimization, the number of new victims seen physically on-site at the RCCs and the number of times advocates are dispatched for medical or legal advocacy needs are a few of the statistical pieces collected at RCCs. Demographic data are also collected to obtain some estimates of location of interpersonal violence per area development district. Data and statistics are calculated from calls to the hotline as well as certain statistics kept by the Kentucky State Police

State Program Setting:

Community based organization, Community health center, Medical or clinical site, Rape crisis center, Schools or school district, Senior residence or center, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2000 and 12/2010, Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged eighteen years and older to less than 9.4 per 10,000 persons.

Baseline:
11 per 10,000 persons

Data Source:
Kentucky State Police Uniform Crime Report Data.

State Health Problem:

Health Burden:
Sexual violence is one of the most devastating social problems of our time. Their impact is profound because of the sheer frequency of occurrence, and because of the trauma brought to victims of these crimes. Researchers and clinicians agree that the effect of rape and sexual abuse are physically and psychologically traumatic for victims, and that specialized services should be made available to meet the needs of these clients. According to the US Department of Justice in 1996, only 31% of rapes and sexual assaults were reported to law enforcement officials. In the 2003 study titled "Rape in Kentucky: A Report to the Commonwealth" Dean G. Kilpatrick, Ph.D. and Kenneth J. Ruggerio, Ph.D. found that one in nine women or 175,000 women over the age of eighteen have been the victim of forcible rape sometime in their life.

According to Kentucky State Police data, there was a 26% increase in the number of rapes reported to KY State Police over the period of 2000-2007 (see table below).

Kentucky State Police Crime Report data

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Reported Rapes	1,009	1,050	1,200	1,124	1,251	1,289	1,292	1,375	1,451

In the national 2007 survey "Violence and Victims" it was noted that 60.4% of female and 69.2% of male victims were first raped before age 18. Additionally, the Adverse Childhood Experiences study revealed that experiencing sexual violence as a child is correlated with a variety of negative health consequences later in life such as depression, tobacco use, substance abuse and risk for suicide. Based on national emergency department data, sexual assaults represented 10% of all assault-related injury visits to the emergency department by females in 2006. (CDC National Center for Injury Prevention and Control).

Survivors of sexual violence experience a range of trauma. According to the 2003 article "Mental Health Needs of Crime Victims: Epidemiology and Outcomes" by Kilpatrick, Dean and Aciemo, victims of rape are more likely to develop alcohol related problems and drug abuse related problems. Additionally, 30% contemplated suicide after the incident; 31% sought psychotherapy; 22% took self defense classes; and 82% said the experience had permanently changed them.

The National Victim Center reported in 1992 that based on the US Census estimates of the number of adult women in the United States, approximately 1.3 million women currently have rape related post traumatic stress disorder (RR-PTSD) and over 200,000 women will develop RR-PTSD each year. Women have been chosen as the disparate population for Kentucky.

Target Population:
Number: 4,820,100
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 2,086,702
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Kentucky State Police Uniform Crime Report

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: "Nine Principles of Effective Prevention Programs": American Psychologist, 2003.
"An Evidence Based Review of Sexual Assault Preventive Intervention Programs" Department of Justice, 2004
Substance Abuse and Mental Health Services Administration (SAMHSA)
Strategies for the Treatment and Prevention of Sexual Assault (AMA)
Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community Response to Sexual Assault Victims

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $98,975
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $98,975
Funds to Local Entities: $98,975
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:
Advocacy Services
Between 10/2009 and 09/2010, the thirteen Rape Crisis Centers throughout Kentucky will maintain **two** methods of advocacy services - legal and medical- for clients at no cost to the victim, their family or friends.

Annual Activities:

1. Medical and Legal advocacy services

Between 10/2009 and 09/2010, Rape Crisis Centers will maintain medical and legal advocacy services at no cost to the client.

2. Hotline Calls

Between 10/2009 and 09/2010, The Rape Crisis Centers will provide outreach methods and structure to access the crisis hotline which will increase hotline calls by two percent.

State Program Title: Respiratory Disease Program

State Program Strategy:

Goal: The Kentucky Respiratory Disease Program (KRDP) is committed to reducing morbidity and mortality due to Asthma and COPD in Kentuckians.

Priorities: The Kentucky Department for Public Health (DPH) in cooperation with multiple partners developed, published, and distributed the Physical Activity, Nutrition, Tobacco and Asthma (PANTA) School Resource Guide 2006 and the Asthma Surveillance Document and the Asthma state plan in 2009. All of these publications are available on the DPH website for download.

In 2007, the Kentucky State legislature adopted a resolution addressing COPD and in 2008 passed legislation that addresses asthma. Both resolutions identify asthma and COPD as chronic diseases with substantial cost burdens to the patient, community and to Medicaid. Included in these resolutions are disease management initiatives and Tobacco Cessation and Prevention awareness.

As a result of the resolutions the KRDP will partner with Medicaid, the KY Tobacco Control Program for smoking cessation activities and multiple partners throughout the state in implementation of the Asthma state plan and development of the statewide COPD plan.

KRDP was able to obtain an Asthma Public Health Prevention Specialist through CDC beginning October 2008. This is a two year assignment to work in the continued development of the Respiratory Diseases Program, assist in the creation of an asthma coalition and statewide plans for Asthma and COPD management in Kentucky. The KRDP also received CDC funding for Asthma in 2009.

Persons with asthma and COPD need to be aware of the signs and symptoms of their disease and triggers that cause exacerbations as well as how to manage their medications. Parents of children with asthma, school faculty and staff, and other students also need this education. Patients should develop a written plan in collaboration with their health care providers to help them manage their condition using best practice guidelines such as spirometry and appropriate medications. Because smoking is the number one cause of chronic obstructive pulmonary disease (COPD), smoking cessation is an important component of control.

The KRDP is partnering with the Department of Education to develop a statewide asthma management plan that can be implemented by school districts. This plan will focus on educating school administrators, faculty, staff, students, and parents about current asthma legislation, promoting a healthy school environment, eliminating asthma triggers in the school, and coordinating asthma treatment and management for students affected by asthma.

Primary Strategic Partners: Internal partners include Coordinated School Health, Maternal and Child Health, Environmental Health, Healthcare Access, Health Promotion Branch (Obesity, Physical Activity and Tobacco Prevention and Cessation Program) and Medicaid Services. External partners include the American Lung Association, the Kentucky Department of Education, Passport (MA Managed Care), local and district health departments, universities, Kentucky Medical Association (KMA), private physicians and the Centers for Disease Control and Prevention.

Evaluation Methodology: BRFSS data and hospitalization data will be used to evaluate progress toward achieving the primary goal of reducing morbidity and mortality related to respiratory diseases. Both data sources are available on an annual basis (some BRFSS data related to asthma are available every other year). Additional surveys will be utilized to collect data to identify education and awareness gaps in terms of symptoms, medication use, and self management of asthma and COPD. One-page fact sheets and data documents will be updated every one to two years and it is anticipated that a burden document will be produced at least every five years.

State Program Setting:
Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, State health department, University or college, Work site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: COPD Epidemiologist
State-Level: 25% Local: 5% Other: 20% Total: 50%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.50

National Health Objective: HO 24-10 Chronic obstructive pulmonary disease (COPD)

State Health Objective(s):
Between 12/2007 and 12/2010, Reduce the COPD hospitalization rate to no more than 56 per 10,000 population.

Baseline:
Baseline: 57 per 10,000 population in 2000 and 68.3 per 10,000 in 2004.

Data Source:
Kentucky Hospital Discharge Utilization Report completed annually.

State Health Problem:

Health Burden:
Chronic obstructive pulmonary disease (COPD) is the leading diagnosis coded as a cause of hospitalization in Kentucky when admissions for normal newborn and vaginal delivery and mental health are removed from the table. The age-adjusted death rate for COPD has increased 10%, from 53.5 per 100,000 in 2000 to 58.9 per 100,000 in 2003. In 2003, COPD deaths accounted for 6.0% of all deaths among Kentuckians. It is one of the most common respiratory conditions of adults and is the fourth leading cause of death in the United States and in Kentucky.

COPD is characterized by the presence of airflow obstruction due to chronic bronchitis and emphysema, two diseases that often coexist. (COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.) Most people with COPD are current or former smokers. There is no cure for COPD.

Smoking is the number one cause of COPD, and Kentucky continues to battle one of the highest prevalence smoking rates among adults with 28.2% of the adult population currently smoking according to the 2007 BRFSS. Persons with less than a high school education and income less than $15,000 have a higher prevalence of current smoking status over 40% and are therefore disproportionately affected. Kentucky has no comprehensive clean indoor air legislation and all Kentuckians will be targeted for education about smoking and the risk of COPD. Smokers will be chosen as the disparate population due to their higher risk.

Hospitalizations for COPD range from 3.0% to 3.5% of all hospitalizations in Kentucky. From 2001 total hospitalizations increased from 19,376 to 21,016 in 2006, an increase of 8.5%. However, in 2007

hospitalizations decreased to 19,670. The COPD hospitalization rate in Kentucky for 2006 was 50.0 per 100,000. Almost 50% of patients admitted with COPD must be re-hospitalized within the following year.

Cost Burden: Average charges for a COPD hospitalization have also increased to $24,936 in 2007, although average length of stay has remained about the same (4.6 days in 2001 to 4.3 days in 2007). Simply multiplied the average costs for hospitalization in 2007 were over $400 million. This does not account for required regular medications, breathing treatments, nursing home admissions or indirect costs of early disability. The average age is 65 for a person hospitalized in Kentucky for COPD (DRG 88). According to KY Inpatient Discharge claims 2007, Medicare is the primary payer (46%) for all hospitalizations with Medicaid (20.1%) and all other payors (33.9%). As Kentucky ages the cost burden for COPD is expected to increase and will have an enormous impact on Medicare.

Target Population:
Number: 3,117,469
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,198,731
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Bureau, KY Hospitalization Data and KY BRFSS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Learn More Breathe Better Campaign, National Heart Lung and Blood Institute (www.nhlbi.nih.gov)
Best Practice in COPD: HEDIS and Beyond 2006(AHRQ)
Global Initiative for Chronic Obstructive Lung Disease (GOLD)
Joint Commission Certificate for Distinction for Chronic Obstructive Pulmonary Disease
American College of Physicians Clinical Recommendations for COPD

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $80,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $20,000
Funds to Local Entities: $15,000
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:
COPD Data Summaries
Between 10/2009 and 09/2010, The Respiratory Disease Program will publish **2** existing or newly created data summary reports.

Annual Activities:
1. COPD Fact Sheet
Between 10/2009 and 09/2010, Develop a one page COPD fact sheet/summary of prevalence, hospitalization and mortality data for use by all partners in the state.

2. COPD Burden Document
Between 10/2009 and 09/2010, Work in collaboration with the Kentucky Lung Association to create a document that describes the burden of COPD in Kentucky which can be posted on the DPH website for access by providers, organizations and the public.

Essential Service 3 – Inform and Educate

Objective 1:
COPD module development
Between 12/2009 and 09/2010, the Kentucky Respiratory Disease Program will identify **one** evidence based online COPD training module which will be placed on TRAIN through the Workforce Development Branch for access by providers throughout the state.

Annual Activities:
1. COPD Best Practice Guidelines
Between 12/2009 and 09/2010, A best practice guideline on evaluation of the patient with COPD and current treatment will be disseminated through partnerships and through the public health TRAIN network.

2. Evaluation of COPD training modules
Between 12/2009 and 09/2010, Online evaluations and surveys will be developed through the TRAIN online system in collaboration with Workforce Development in order to analyze the impact of training and make revisions to the module.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Integrated Tobacco Cessation Message
Between 10/2009 and 09/2010, the Kentucky Respiratory Disease Program in collaboration with the Kentucky Tobacco Cessation and Prevention Program will establish **one** integrated program activity and initiative related to COPD and smoking.

Annual Activities:
1. Selection of Key Partners
Between 10/2009 and 09/2010, Select key partners including the Kentucky Tobacco Prevention and Cessation Program, the Department for Medicaid Services, the Kentucky Lung Association, the Kentucky

Medical Association and the Kentucky Hospital Association to increase COPD awareness and integrated smoking cessation information during the COPD client visit.

2. Medicare/Medicaid Coverage of Smoking Cessation
Between 10/2009 and 09/2010, In cooperation with the Kentucky Tobacco Prevention and Cessation Program, engage providers regarding understanding and knowledge of Medicare/Medicaid coverage for tobacco cessation counseling through office visits and brief academic detailing.